

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004673 (9)**

1. Corporation Name  
**SOUTHWEST VOLUSIA HEALTH SERVICES, INC.**



Principal Place of Business: **1055 SAXON BLVD. ORANGE CITY FL 32763**  
Mailing Address: **1055 SAXON BLVD. ORANGE CITY FL 32763**

3. Date incorporated or Qualified: **09/19/1994**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-3281591** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**TRICKEL, WILLIAM JR.  
39 W. PINE STREET  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name: **RANDALL L. HAFFNER**  
82 Street Address (P.O. Box Number is Not Acceptable): **1055 SAXON BLVD**  
83  
84 City: **ORANGE CITY FL** 85 Zip Code: **32763**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **RANDALL L. HAFFNER** DATE: **JUNE 14, 1996**  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE
NAME: <b>HAFFNER, RANDY</b>	
STREET ADDRESS: <b>C/O 1055 SAXON BLVD.</b>	
CITY-ST-ZIP: <b>ORANGE CITY FL 32763</b>	
TITLE: <b>VPD</b>	<input type="checkbox"/> DELETE
NAME: <b>REINER, RICHARD</b>	
STREET ADDRESS: <b>601 E. ALTAMONTE DR.</b>	
CITY-ST-ZIP: <b>ALTAMONTE SPRINGS FL 32701</b>	
TITLE: <b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>HORST, ERIC</b>	
STREET ADDRESS: <b>1055 SAXON BLVD.</b>	
CITY-ST-ZIP: <b>ORANGE CITY FL 32763</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>BLAIR, MARDIAN</b>	
STREET ADDRESS: <b>2400 BEDFORD ROAD</b>	
CITY-ST-ZIP: <b>ORLANDO FL 32803</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>HENRY, JOE</b>	
STREET ADDRESS: <b>822 TAMMERLANE STREET</b>	
CITY-ST-ZIP: <b>DELTONA FL 32725</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>MORRISON, RICHARD</b>	
STREET ADDRESS: <b>602 E. ROLLIND ST.</b>	
CITY-ST-ZIP: <b>ORLANDO FL 32803</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: <b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME: <b>SCHALK, LAWRENCE E</b>	
13 STREET ADDRESS: <b>308 PARK PLACE</b>	
14 CITY-ST-ZIP: <b>ALTAMONTE SPRINGS FL 32701</b>	
21 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME: <b>MORAN, ALLEN</b>	
23 STREET ADDRESS: <b>936 STRATON STREET</b>	
24 CITY-ST-ZIP: <b>DELTONA FL 32725</b>	
31 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME: <b>PORTMAN, JEFF</b>	
33 STREET ADDRESS: <b>2658 FLOWING WELL ROAD</b>	
34 CITY-ST-ZIP: <b>DELTONA FL 32720</b>	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME: <b>800001875698</b>	
43 STREET ADDRESS: <b>-06/26/96--01013--041</b>	
44 CITY-ST-ZIP: <b>***131.25</b>	
51 TITLE: <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS: <b>601 E ROLLINS STREET</b>	
64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **LAWRENCE E. SCHALK** DATE: **6/14/96** DAYTIME PHONE #: **904-851-5017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)